

## STANDARD CERTIFICATE OF DEATH

State File No. 34175

FILED OCT 20 1950

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 2046		Registrar's No. 53	
1. PLACE OF DEATH a. COUNTY <b>Moniteau</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Moniteau</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>California, Mo.</b>		c. LENGTH OF STAY (in this place) <b>21 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Latham Rural 0650</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Latham Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Rural</b>			
3. NAME OF DECEASED (Type or Print) <b>WILLIAM BOSTON MOORE</b>		a. (First)		b. (Middle)		c. (Last)	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 4, 1882</b>	
9. AGE (In years, last birthday) <b>68</b>		10. MONTHS <b>10</b>		11. DAYS <b>8</b>		12. YEARS <b>50</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm Owner</b>		11. BIRTHPLACE (State or foreign country) <b>Moniteau County</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>James Eli Moore</b>		13b. MOTHER'S MAIDEN NAME <b>Dizinia Medlin</b>		14. NAME OF HUSBAND OR WIFE <b>Emma Lula Britton Moore</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>John Wm. Moore, St. Charles, Mo.</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of stomach with lymph metastases</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>None known</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <b>6-26-50</b>				19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of stomach.</b>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <b>6 months</b>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	
21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <b>5-11-1950</b> , to <b>10-8-1950</b> , that I last saw the deceased alive on <b>10-8-1950</b> , and that death occurred at <b>34 m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>L. L. Latham</b> (Degree or title) <b>0</b>				23b. ADDRESS <b>California, Mo</b>		23c. DATE SIGNED <b>10-9-50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>10/9/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Latham Cemetry</b>		24d. LOCATION (City, town, or county) (State) <b>Latham, Moniteau, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>10-12-50</b>		REGISTRAR'S SIGNATURE <b>H. R. Popejoy</b> 202		25. FUNERAL DIRECTOR'S SIGNATURE <b>WILLIAMS FUNERAL HOME, California, Mo.</b> ADDRESS _____			

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 10-19-50

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 10-19-50

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed

Licensed Embalmer No. 2854

P. O. Address California M.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.